PRINTED: 06/14/2018 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ B. WING IL6003529 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **304 S.W. 12TH STREET** ALEDO REHAB & HEALTH CARE CENTER ALEDO, IL 61231 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Health Statement of Licensure violations S9999 Final Observations S9999 300.610a) 300.1030a)1)2) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1030 Medical Emergencies a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

emergencies include, but are not limited to, such

1) Pulmonary emergencies (for example, airway

obstruction, foreign body aspiration, and acute

2) Cardiac emergencies (for example, ischemic

respiratory distress, failure, or arrest).

pain, cardiac failure, or cardiac arrest).

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE 05/31/18 Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
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NAME OF	PROVIDER OR SUPPLIER				05/03/2018					
304 S W 12TH STREET										
ALEDO, IL 61231										
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	SHOULD BE COMPLETE					
\$9999	Nursing and Person b) The facility shall and services to atta practicable physical well-being of the releach resident's complan. Adequate and care and personal cresident to meet the care needs of the reshall include, at a morocedures: Section 300.3240 Aa) An owner, license agent of a facility shresident These requirements by: Based on interview failed to follow the acardio-pulmonary residents (R53) revial in a sample of 18. The staff not performing resuscitation on R5-directive to be resusted in the resident's medical residents (R6, This failure other residents (R6, T6).	General Requirements for hal Care provide the necessary care hin or maintain the highest I, mental, and psychological sident, in accordance with higherhensive resident care properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative measures hinimum, the following shuse and Neglect hee, administrator, employee or hall not abuse or neglect a higher the were not met as evidenced and record review, the facility advance directives regarding esuscitation for one of 17 hiewed for advance directives his failure resulted in facility cardio-pulmonary 3, contrary to R53's advance scitated as documented in the has the potential to affect five has the potential to affect five R20, R21, R33, and R302) and contains discrepancies Physician Order for himent) forms and	S9999							
	The facility's Do No	Resuscitate Policy, dated								

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document, "Gait belt applied to transfer (R53) from the toilet to his wheel chair. When staff went to transfer (R53) went limp and two Certified Nursing Assistants and (V4) (Licensed Practical Nurse) transferred (R53) to his bed. (R53's) blood pressure 85/48, pulse 53, and respirations 12 per minute with three second episodes of apnea.

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PRINTED: 06/14/2018 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6003529 05/03/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12TH STREET **ALEDO REHAB & HEALTH CARE CENTER** ALEDO, IL 61231 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 (R53) assisted to bed and took a large breath and stopped breathing. Chest rub done on (R53) without success. No pulse, femoral, pedal. cephalic, brachial or carotid. No respirations. No blood pressure. 10:35 a.m.: Director of Nursing notified (and) arriving in room to assess (R53). No blood pressure, pulse, or respirations noted. Physician notified, and new order to release (R53's) body to the funeral home." On 05/02/18 at 09:54 AM, V4 stated, "If a resident codes I look for the POLST form. (R53) was sitting on the toilet yelling like he normally does. We were standing with him with a gait belt when he went limp. We transferred him to bed. I came to the desk to get stuff to check his vitals, and I checked his chart to see his code status. His code status was a DNR. I went back down to check his vitals raised the head of his bed. Initially, (R53) had vitals. Then, he stopped breathing. I did a chest rub. The DON had came down by that time to assess too. He had expired very quickly. I notified (R53's Physician) and he just gave me an order to release the body. I attempted to call the family and they finally called me back. (R53's daughter) was shocked." V4 confirmed that R53's POLST form states Full code, and stated, "I saw the area of comfort measures only and was in a hurry. I didn't see the DNR marked. We should have performed CPR on (R53)."

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On 05/02/18 at 10:03 AM, V1 (Administrator) stated, "Advanced directives are determined by red colored POLST which is a DNR and a green colored POLST form is a full code. If a resident codes they should immediately go to the chart and check for the advanced directives. If they have the red form they should stop and not proceed with CPR, and if they have a green form

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
		1L6003529	B. WING		05/0	3/2018					
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
ALEDO REHAB & HEALTH CARE CENTER 304 S.W. 12TH STREET ALEDO, IL 61231											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			(X5) COMPLETE DATE					
S9999	that R53's POLST fit documented that stated, "When R53' he stopped breathin POLST they should it was red it was made on 05/02/18 at 01:5 Nurse) stated, "I did were different color red." On 05/02/18 at 02:0 Practical Nurse) stated means that a reside POLST form means On 05/02/18 at 12:0 stated, "If a resident be a full code, then performed. The accomportant." 2. R21's Physician's document that R21 R21's POLST copied documents that R21 R21's Care plan, da R21 is a Full code. On 04/30/18 12:56 Nurse) stated that F physician's orders of On 05/02/18 at 01:0 On 05/02/18 at 01:0	d with CPR." V1 confirmed form was colored red, however R53 was a full code. V1 is heart stopped beating and an according to his red colored have done CPR even though arked Full Code." 64 PM, V9 (Licensed Practical dn't know the POLST forms is. I just assumed they were all looked, "a green POLST form ent is a full code, and a red is that the resident is a DNR." 100 PM, V6 (R53's Physician) thas a signed POLST form to CPR should have been curacy of these forms is a full code. 12 d on red paper, dated 4/6/18, is a full code. 13 d on red paper, dated 4/6/18, is a DNR. 14 d on red paper, dated 4/6/18, and the resident is a DNR. 15 d on red paper, dated 4/6/18, and the red graph of the paper is a DNR. 16 d on red paper, dated 4/6/18, and the red graph of the paper is a DNR. 17 d on red paper, dated 4/6/18, and the red graph of the paper is a DNR. 18 d on red paper, dated 4/6/18, and the red graph of the paper is a DNR. 18 d on red paper is a DNR.	\$9999								
		ents POLST advance d physician's orders should									

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Resuscitate)."

12/25/17 documents, "(R33) is a DNR (Do Not

R33's Care Plan Summary Record, dated 3/28/18 documents R33's code status as a "Full Code."

STATE FORM

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